

SICOG PROJECT REQUEST SHEET



Instructions

1. Fill out all known fields in the form below
2. E-mail form to director@sicog.com
3. For questions call 641-782-8491

| ORGANIZATION PROFILE | |
|--------------------------|--|
| ORGANIZATION NAME | |
| TOWN/CITY | |
| COUNTY | |
| CURRENT DATE | |

| PROJECT INFORMATION | |
|--|--|
| PROJECT NAME | |
| TIMEFRAME FOR PROJECT COMPLETION When does the project need to/hope to be completed? | |
| PROJECT LOCATION | |
| BRIEF DESCRIPTION | |
| CONTACT PERSON <i>(Name, E-mail, phone number)</i> | |
| TEAM PROFILE <i>Please specify: names, roles, and emails</i> | |

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ORGANIZATION NAME

| GOALS | |
|--|--|
| GOAL(S) Please describe how this project will help the community and how their situation would be improved | |
| PLANNING Please list any comp plan or goal setting documents this project is part of. If none, how was this goal determined? | |
| BUDGET If a budget has been estimated or determined, please attach a coov, If not, please explain | |
| SICOG ASSIS.TANCE REQUESTED Please list what type of assistance you would like SICOG to provide. (planning, resource list, grant preparation, grant administration, other) | |

| MATCHING FUNDS <i>(Provide any known or possible sources)</i> | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| | Source 1 (NAME) | Source 2 (NAME) | Source 3 (NAME) | Source 4 (NAME) | Source 5 (NAME) |
| Amount | | | | | |
| Status | | | | | |
| Conditions | | | | | |